

<p style="text-align: center;"><b>Nevada Millennium Scholarship Program</b> <b>Military Duty Application for Extension</b></p>
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Millennium Scholarship: Policy and Procedures  
Board of Regents' Handbook  
Title 4, Chapter 18, Section 18

## 18.6 Millennium Scholarship lifetime limits

- 18.6.1 The maximum total Millennium Scholarship award is \$10,000.
- 18.6.2 All qualified students, who graduated from high school on or before May 1, 2003, may receive a Millennium Scholarship during the eight academic years following (a) their high school graduation date<sup>[3]</sup> or (b) the date when they satisfied the requirements of section 18.2.
- 18.6.3 All qualified students, who graduated from high school after May 1, 2003, may receive a Millennium Scholarship during the six academic years following (a) their high school graduation date<sup>[4]</sup> or (b) the date when they satisfied the requirements of section 18.2.

(B/R 8/03)

An exception to the limitations of 18.6.2 and 18.6.3 is made for qualified students who serve on active duty in the United States Armed Forces. Time served on active duty, not to exceed six years, will not apply to the limitations in 18.6.2 and 18.6.3.

(B/R 8/03)

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<sup>3</sup> In the case of a student graduating from a program for adult learners (see section 18.1.1), on or before May 1, 2003, the eight-year period is the period following the regularly scheduled graduation date of the student's original high school class. (B/R 8/03)

<sup>4</sup> In the case of a student graduating from a program for adult learners (see section 18.1.1), on or before May 1, 2003, the six-year period is the period following the regularly scheduled graduation date of the student's original high school class. (B/R 8/03)

## Nevada Millennium Scholarship Program Military Duty Application for Extension

AN (System Assigned)

Student Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print or Type)

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

1. Please check:

\_\_\_\_\_ An extension is requested to the academic year limit to receive the Millennium Scholarship because of military duty pursuant to Board of Regents Handbook Title 4, Chapter 18, Section 18.6.

2. Attach supporting documentation. Examples of supporting documentation include: DD-214(Discharge orders) –OR- a copy of activation orders –OR- Temporary Duty Assignment (TDY) orders.

3. Submit this form and other appropriate documentation supporting your appeal to:

Millennium Scholarship Appeals Committee  
NSHE Administration Office  
2601 Enterprise Road  
Reno, Nevada 89512  
FAX 775-784-1127

4. Within 30 days of receipt of this form, you will be contacted regarding the status of your application and further instructions.

\* \* \*

A hearing may be scheduled regarding your appeal, if necessary. Notice of an appeal hearing is required as described below. In order to expedite your appeal, you may wish to waive the notice requirement. If you do not wish to waive the notice requirement, it will not affect the outcome of your appeal. Please carefully read the following information:

I understand that in order to protect my privacy, an appeal will be heard by the Millennium Scholarship Appeals Committee in a closed session. I further understand that in accordance with NRS 241.033 and NRS 241.034, I am entitled to receive notice of the date and time of the hearing by certified mail 21 working days before the meeting or by personal delivery to me 5 working days before the meeting. By signing below, I hereby waive this notice requirement and request that the appeal be heard by the Committee as soon as possible. I understand that I will be notified of the date and time the appeal will be heard.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

### **For NSHE System Administration Use ONLY:**

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No If not, state reason: \_\_\_\_\_

Discharge documentation submitted \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Entered By: \_\_\_\_\_ Title: \_\_\_\_\_

Hearing recommended: \_\_\_\_\_ Yes \_\_\_\_\_ No If not, state reason: \_\_\_\_\_

Date Student Notified: \_\_\_\_\_ Date Copy sent to Treasurer's Office: \_\_\_\_\_

Number of years to extend Millennium Scholarship: \_\_\_\_\_